

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		1				
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97						
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99						
100						
TOTAL IND.	2					
TOTAL DEP.	28					
TOTAL CLAIMS	30					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						